Performance

Report

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| Name of service: | Myoora Homestead Hostel |
| Service address: | Corner Keighran St and Bartsch Ave HENTY NSW 2658 |
| Commission ID: | 0314 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 6 October 2022 |
| Performance report date: | 9 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Myoora Homestead Hostel (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* a response from the approved provider dated 28 October 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and their representatives are treated with dignity and respect, and staff understand them as a person and know about their choices. Staff treat consumers with respect by using their preferred name, acknowledging their choices, and knocking before they enter their room. Staff demonstrated knowledge about consumers’ life stories and how this informed the consumer’s preferences and choices. The service has an up to date diversity and inclusion policy and this links to the dignity of risk policy and flowchart.

Consumers interviewed stated while they do not identify as culturally and linguistically diverse, the staff are very respectful of their religious choices and spirituality. Information about consumers’ life history including their cultural and spiritual needs is captured in care planning documentation. Staff are aware of and deliver care and services in ways that consider consumers’ cultural preferences and needs.

All consumers interviewed are supported to make choices about their care and when family and friends should be involved in their care. They expressed satisfaction at being free to communicate their decisions and maintain relationships of choice, including intimate relationships. Care planning documents identify the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers who undertake activities involving risk. Where appropriate, measures to mitigate the risk associated with lifestyle activities that consumers wish to pursue are supported.

Consumers and representatives report that they are kept updated by management about any changes via the service’s newsletter, which is sent by email. Hard copies are also available within the service. Information is generally clear, easy to understand and enables consumers to exercise choice. For example, resident and relative meetings include agenda items that communicate information about the services clinical indicators and provides updates on legislation impacting aged care and public health advice. The lifestyle staff verbally update consumers unable to attend the meetings and minutes are provided.

Consumers privacy is respected by staff. Consumers’ personal information is kept confidential and is not discussed by staff in front of other consumers, and consumers’ files are kept locked and all computers are password protected.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives are satisfied assessment and planning includes the identification of consumers’ risks and consideration of strategies to inform the delivery of safe and effective care. Care planning documents reflect comprehensive assessment and care planning information with individualised consumer goals, preferences, and interventions to minimise risks to each consumer’s health where appropriate. Staff demonstrated knowledge of individual consumer risks and described strategies to ensure safe and effective care.

Consumers and representatives are confident the care and services are planned around what is important to the consumers. Care planning documents reflect and consider individual goals, needs and preferences during the assessment and care planning process, including documentation of advance care plans. Staff demonstrated knowledge of sampled consumers’ needs and know what is important to consumers about how their care is delivered.

Consumers are satisfied with their involvement and that of others they wish to include in the assessment and care planning process. Assessments and care planning documentation demonstrates partnership with consumers and representatives in initial development and in ongoing reviews. Staff and management collaborate with the consumers, their representatives, staff, and other organisations the consumers wish to involve in their care such as the dietitian, speech pathologist, physiotherapist, occupational therapist, and medical practitioner.

Consumers and representatives expressed satisfaction with the level of communication from staff regarding the care provided. Care planning documents indicate clear documented outcomes of the assessment and care planning process. Staff have access to the consumer’s care plans in a variety of formats. File reviewed reflect care plans are accessible and available in a pictured, summary and detailed forms.

Care and services provided to consumers are reviewed regularly as part of a scheduled ‘resident of the day’ process, 3 monthly care plan review, and care plan consultations which occur every 6 months. Care documentation also reflects a review of care and services when incidents happen and/or changes occur in the care needs, goals or preferences of the consumer. Staff are aware of the regular and ongoing review process of the care and services provided to consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives are satisfied the personal and clinical care and services they receive are appropriate to their needs. Care planning documents indicate the delivery of safe and effective care in line with the consumers’ needs optimising health and well-being. Staff demonstrate knowledge in the delivery of best practice principles in relation to the management of skin integrity, pain, and restrictive practices.

Consumers reviewed who had active wounds had evidence of effective management resulting in wound healing. Appropriate pain assessment and management is reflected in evidence reviewed and occurs in consultation with consumers and/or their representatives. The use of environmental restrictive practice and psychotropic medications is assessed, monitored and reviewed.

Consumers and representatives are satisfied with the management of consumer’s high impact and or high prevalence risks. The service has effective processes to manage high impact or high prevalence risks associated with the care of each consumer such as falls, diabetes management, and complex needs management. This includes clinical policies and procedures to guide staff practice. Staff interviews, and care planning documents demonstrate processes are implemented to promote the effective management of high impact or high prevalence risks. Falls prevention strategies were observed including automatic motion sensors located in each consumers’ room.

Care planning documentation shows how the service plans to meet the needs and preferences of consumers in palliative care to ensure comfort care with dignity. Whilst the service did not have any consumers on active palliation at the time of the site audit, staff explained the palliative care pathway and the resources available to them to support consumers nearing the end of life. Policies and procedures guide the provision of palliative care.

Consumers and representatives are satisfied with how the service recognises and responds to a change in care needs or deterioration in consumer’s condition. Consumer care documentation reflects appropriate actions taken in response to a deterioration or change in a consumer’s health. Deterioration or changes are identified, actioned, escalated, and communicated. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives indicated consumer needs and preferences are effectively communicated in a timely manner. The service demonstrated that information about consumer’s condition, needs and preferences is documented in their care plan, in progress notes and is communicated within the service. Staff described communication mechanisms and showed they had knowledge of the needs and preferences of each consumer they cared for. The handover processes observed confirmed changes in consumer needs, preferences and health status are communicated.

Consumers and representatives are satisfied that access and referral to their medical officer, allied health professionals and other external specialist services is available when needed. Documentation reflects timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff described the service’s referral processes and provided examples of referrals completed.

The service has policies and practices that minimise the risk of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. The service has an outbreak management plan that includes different types of communicable diseases, which have been reviewed and practiced. The service has an Infection Prevention and Control (IPC) Lead.

Consumers and representatives are kept up to date about the service’s response to COVID-19. They are satisfied with how the service managed recent outbreaks.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives sampled feel supported to pursue activities of interest to them and optimise their independence and are provided with appropriate supports to do so. Documentation confirms staff are assessing and identifying consumers’ needs, goals and preferences and optimising their health and wellbeing.

Consumers explained that their emotional, spiritual and psychological needs were supported and those interviewed said that family or friends provide comfort and emotional support. Church services and are available on request/referral to support consumers. Lifestyle staff advised the consumer’s emotional, social and psychological needs can be supported in a variety of ways including facilitating connections with people important to them.

Consumers and representatives indicated consumers are supported to participate in activities within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff support consumers to participate in the community or engage in activities of interest to them and can identify specific consumers who undertake individual activities outside the service. Consumers' care planning documentation aligns with the information provided by consumers, representatives and staff regarding individual consumer’s continued involvement in their community and maintaining personal and social relationships.

Processes are in place to document and share information about consumers’ needs and preferences both within the organisation and with others when required. The information is up to date and accurate and the service effectively manages the communication of this information in relation to services and support for daily living.

The service makes timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers.

Most consumers and representatives are satisfied with the variety and quantity of food being provided at the service. There are of choices for each daily meal and consumers can request different meals if they do not like what is on the menu that day.

Consumer, management and staff interviews, and observations indicate equipment to support consumer lifestyle is safe, suitable and clean.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers are satisfied with the service environment, describing it as accessible and friendly, and enhancing a sense of belonging and independence. Consumers and their representatives spoke positively about the service environment. The layout of the building enables consumers to walk around the entire service and access all areas in a short period of time and consumers with limited mobility, are assisted when they need to interact with aspects of the service environment.

The service is kept clean and well-maintained. Consumers access the garden areas and local community at times of their choosing and the environment enables free movement. The service environment is clean, free from clutter and hazards, and maintained at a comfortable temperature. Large amounts of natural sunlight flow through into the building. Communal spaces have ample seating for consumers, and equipment is housed in areas away from where consumers and visitors frequent. The service building is surrounded by a garden area which is secured with a keypad lock and gate.

The service has a dedicated maintenance officer on-site 3 days per week. If any urgent maintenance tasks arise outside of those 3 days, the tasks can be attended to by maintenance staff who service other nearby locations belonging to the organisation. Consumers are satisfied with the safety, suitability, cleanliness, and maintenance at the service.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and representatives feel encouraged and supported to provide feedback and make complaints. Staff help consumers resolve minor concerns and requests or escalate more complex issues to senior management. Staff can describe the complaints process and how they encourage consumers to provide feedback. Feedback and complaint forms are available at reception. Documentation, including recent resident meeting minutes demonstrate consumers are informed about how to provide feedback and make complaints. The meeting minutes also evidence discussions with consumers about completing a consumer experience survey.

Consumers/representatives are aware of advocacy and language services and reported that they do not feel the need to engage with them. Staff could describe the advocacy and language services available to consumers, including the telephone interpreter service and advocacy networks.

Consumers who had made complaints and/or given feedback are satisfied appropriate actions were taken in response to their complaints. Staff and management personnel described using open disclosure principles in handling complaints and trying to resolve problems promptly. The complaints log documents complaints having been resolved. Resident meeting minutes sighted show management communication to consumers about how the service is addressing issues. The service's complaints policy outlines the complaint-handling process and includes guidance about the use of open disclosure principles.

Consumers and representatives described how their feedback and/or complaints had led to improvements at the service. The complaints log and continuous improvement documentation demonstrated how complaints and feedback are used to make improvements at the service.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service has adequate staffing levels to meet the needs of consumers. Consumers and representatives said there are enough staff at the service. A recent organisation wide restructure has increased clinical support to the Clinical Nurse Specialist. While the service has no registered nursing on site in the evening, overnight and on the weekends, the care staff on site are supported by an escalation flowchart and the support of on-call registered nurses. No issues were reported by staff in accessing the clinical expertise when needed. The response from the approved provider also articulated the service is co-located with Henty hospital.

All consumers and representatives said staff are kind, gentle and caring when providing care. Staff were observed greeting consumers by their preferred name. Staff demonstrated they were familiar with each consumer's individual needs and identity.

The service has systems to ensure staff are competent and have the qualifications and knowledge to perform their roles effectively. The key responsibilities for each role are set out, and consumers and representatives confirmed staff effectively perform their roles.

Consumers and representatives sampled believe staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff are supported to complete their mandatory training. The regional nurse educator delivers a calendar of training identified through clinical indicator trends, identified knowledge gaps and requests from staff. Staff interviewed confirmed they receive training, equipment, and support to provide the care and services consumers require.

Management regularly monitor and review the performance of staff. There is a formal process for performance review. Management also informally review performance through the observation and supervision of staff practice, and the monitoring and feedback processes of the service.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers are supported and engaged in the development, delivery and evaluation of care and services. Monthly resident meetings discuss all aspects of care and services and provide consumers with a forum to give feedback and suggest improvements. The service encourages consumers to provide feedback through a variety of mechanisms including consumer experience surveys. A member of the organisation's Board attends the resident meeting.

The organisation's governing body promotes safe and inclusive care and remains accountable including trending, analysing clinical data and to inform improvements.

Effective organisation wide governance systems are in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the service level and in quality and clinical governance meetings. The service has policies in place to ensure staff identify and respond to elder abuse and neglect and staff were familiar with indicators of elder abuse and how to address concern about it.

A clinical governance framework and policies support the use of open disclosure, the practice of antimicrobial stewardship, and the minimisation of restraint.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)